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## PUERPERAL MANIA.

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## PUERPERAL MANIA.

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THAT form of mania following and depending upon childbirth and the puerperal state is of much interest, because of its frequency, danger, and liability to become chronic. The object of this paper is not to enter into a discussion of the subject very fully, but to invite attention to some points that I have found of much importance in the successful management of some of these cases. The views advanced are the result of the clinical observation of twelve cases of the disease which I have either had under my own care or have seen in consultation. Only those cases that have been examined with sufficient care to enable them to be of use in establishing the views advanced in this paper will be reported.

The chief causes of puerperal mania, as given by all authorities I have been able to consult, are heredity, moral influences, dystocia, anaemia, and eclampsia as predisposing; while as exciting causes are mentioned moral emotions, toxæmia, albuminuria, and exhaustion. Clinical observation of a number of my cases leads me to the conclusion that there is another etiological



factor of frequent occurrence that I have been unable to find mentioned by any writer. I refer to laceration of the cervix uteri. Doubtless it will occur to everyone that, as this accident happens so frequently and no mania results, little reliance can be placed on it as a cause of puerperal mania. The same, however, is true of all causes mentioned above, the conditions existing without the supervention of maniacal symptoms.

The explanation of want of uniformity in results from uniform causes lies in the great diversity of material upon which these causes act. What would excite mania in one person might produce hysteria, melancholia, or neurasthenia in another. It may also be objected that a large number of these cases of insanity recover without having the laceration cured. This is true, but it will be admitted that the great majority of lacerations heal spontaneously in a few days or weeks, corresponding in time to the recovery of sanity in most of these cases; and even where they do not heal, they undergo change and become covered by mucous membrane, which lessens very much the local sensitiveness and favorably modifies the condition of the torn surface.

There are circumstances, moreover, connected with this form of insanity that lend plausibility to the view above stated as to causation.

Dr. Bucke has pointed out, in his book on "Man's Moral Nature," the strong probability that this has for its physical basis the sympathetic nervous system, and that disease of those organs exclusively, or almost exclusively, supplied by that system leads to perversion of the moral and emotional nature. This only requires to be done to a sufficient degree to constitute a form of insanity. He also calls attention to the fact that disease of the stomach, ovaries, suprarenal capsules, and uterus, organs entirely—or almost entirely—supplied by the sympathetic system of nerves, produces disturbance of the moral and emotional faculties altogether disproportionate to the gravity of the disease, while other organs receiving a very small supply from the sympathetic—as the lungs—may be fatally diseased, as in phthisis, without causing even much depression of spirits, so that the hopefulness and cheerfulness of the consumptive have become proverbial.

The well-known changes that take place in the composition of the fluids of the body during pregnancy and the puerperal state, and the constant demands made upon the emotional nature by fear, anxiety, and domestic cares during pregnancy, are sufficient predisposing causes to render easy an outburst of mania upon the supervention of an exciting cause. The fuel is ready, and only requires the match to inaugurate the conflagration. It is not un-

reasonable to suppose that an accident so serious as a cervical laceration in an organ almost exclusively supplied by the great sympathetic should act as the match and set the system ablaze.

The foregoing considerations would be valueless unless confirmed by clinical experience, and it is with the hope of contributing confirmatory evidence of this kind, and so adding something—however slight—to the knowledge of this subject, that the following cases are reported:—

CASE I. Mrs. Jos. F—, of good family and personal history, was delivered of her first child on the 17th of Nov., 1869, and became maniacal on the 20th of the same month. I saw her first on the 14th of Jan., 1870, and then learned that she had not been sane since her child was three days old. She showed no love for her baby, took no interest in her domestic duties, and required to be kept under some restraint. There was a multiple laceration of the cervix, which, under the plan of treatment then practised, would have required several months to cure. Circumstances prevented this prolonged treatment from being carried out, so she was sent to an asylum, where, I believe, she died about two years afterwards without having recovered sanity.

CASE II. Mrs. H—, aged 25, was free from hereditary tendency to insanity, and had

had an excellent personal and family history. Her health during pregnancy was exceptionally good, and her labor was apparently easy and natural.

The child was born on the 9th of Jan., 1874, and on the 13th she showed signs of melancholia and complained that her friends had lost all affection for her. She was morose and frequently cried, but no marked change was noticeable for three months, when she became worse, expressing herself doubtful of the legitimacy of her child and becoming suicidal. Other means failing a uterine examination was made, and a laceration detected. It healed rapidly under appropriate treatment, when all mania disappeared, and her health has remained excellent. She has borne two children since.

CASE III. Mrs Jos. R—— had her fourth child on the 28th of Oct., 1877, and was well until the 30th, when she suddenly became violently insane. Chloral was given to secure sleep, and at the end of two weeks she regained sanity, but continued in bad health and very nervous and despondent for the next two years, when I was led to examine the uterus, and discovered a stellar laceration. This was cured, and her health has been robust since. Two subsequent confinements have not caused any return of the symptoms of nervousness or insanity.

CASE IV. Mrs. Joseph B——, a primipara

of good history, was delivered in November, 1877, and became maniacal within a week. I saw her first on Dec. 5th, when the disease had lasted about a month.

An anæsthetic was administered and an examination made, revealing a bilateral laceration of the cervix uteri. Copious douching of the torn parts with hot water produced almost immediate improvement in her mind, and by the time the laceration was cured the maniacal symptoms had entirely disappeared, and her health has remained good up to the present time. My friend, Dr. Murphy, also saw this case.

CASE V. Mrs. Thos. M——, of good history, was confined on the 29th of Jan., 1883, and within ten days became morose and silent, disregarding her child and refusing to converse with her friends. During the summer she became worse, and several times escaped from home, and on one occasion spent the night wandering in the woods. I saw her first on Sept. 2nd, 1883, and found her morose and disinclined to conversation or to any domestic duties. She was emaciated and sleepless, and could not be persuaded to take medicine of any kind. A uterine examination showed a cervical laceration which, although slight in extent, was slow in getting well, owing to irregular attendance, as she lived a number of miles from town and could not be seen as often as necessary.

Treatment was continued until Dec. 5th, with gradual improvement in her mind and in her general health, and as the local ailment was now well, the subsequent treatment was medicinal and hygienic, and by the end of Feb., 1884, she was as well as ever, and has remained so.

CASE VI. Mrs. F. G——, a patient whom I saw in consultation with Dr. Murphy on the 10th of Jan., 1877, and found her with a young baby and violently insane. A uterine examination was spoken of at the time, but it was not made owing to her unmanageableness. Dr. Murphy pursued the usual plan of treatment recommended in these cases until April 24th, when her husband, on his way to the asylum with her, called at Dr. Murphy's office. By the doctor's courtesy I saw her again at that time, and we succeeded in making an examination of the uterus, and found the cervix quite badly lacerated. The doctor informs me that the contemplated asylum treatment was abandoned, and that as soon as he cured the local lesion she regained sanity and has had no relapse up to the present time.

CASE VII. Mrs. Wm. T——. Was called to see this patient on the 16th of Nov., 1884, with the view of obtaining her admission to the London Asylum, and did obtain permission from the authorities there to have her sent.

At the time of my visit I explained to her husband the possibility that her mania, which

began three months previously, and very soon after child-birth, might be due to cervical laceration. Before a vacancy in the asylum occurred, I examined her and found, as I had surmised, that the cervix was lacerated. The laceration was cured, and with the result of a complete restoration of her mental faculties, which has continued till the present time.

CASE VIII. M. D——, a primipara, age 21, unmarried, was confined in a Detroit hospital on the 3rd of May, 1885. The labor was difficult, and on the fourth day she became maniacal and escaped from the hospital, but was found two blocks away and brought back. She remained very insane until the middle of July, when improvement began.

Dr. McKeough examined her on the 28th of July, and found a small laceration, angry in appearance, and there was a copious cervical discharge. These have now been nearly cured, and while she is still rather morose, she has resumed her usual domestic duties and is in fair health.

CASE IX. Mrs. J. R——, age 20, a primipara, was confined on May 3rd, 1884, and became insane on the 6th. Under moral and medicinal treatment, she became more sane, and was able to be brought into town, a distance of fourteen miles, on June 7th, when an examination made by Dr. McKeough and myself revealed laceration of the cervix. This was cured, and

her health, both mental and physical, has been good since.

CASE X. Mrs. H. E——, age 24 years, of good history, was delivered of her third child in March of the present year, and remained well, but sleepless, until the eighth day, when she suddenly became violently insane. She received careful and attentive treatment from the medical attendant, but made no improvement, and required constant watching and restraint. I first saw her on the 14th of June and performed trachelorrhaphy. Improvement since has been steady, and she is now in perfect health, both mentally and physically, (able to do most of her household duties.)

CASE XI. Mrs. J. R——, age 39 years, was delivered of her fifth child seven years ago, and became insane soon after and was for some time an inmate of the Toronto Asylum. Since that time she has been well about one-third of the time, the attacks of melancholia lasting about four or five weeks, when there would be an interval of two or three weeks when she would be quite cheerful and apparently well. Her brother is in the asylum, and her father was insane and died so.

On July 13th, 1885, I performed trachelorrhaphy. The laceration was bilateral and extended nearly to the vaginal junction. The case is still under treatment.

CASE XII. Mrs. E. R——, age 34, of good

family history, had a miscarriage eight years ago, and was confined at full term, Aug. 18th, 1880. There was a small cervical fibroid tumor that rendered the labor difficult, and which I removed on the 8th of Nov. following. She became gradually more and more melancholy after the birth of the child, and was still worse after the removal of the tumor, being unfit to manage her household duties, and a source of great care and anxiety to her friends. There was a cervical laceration which slowly got well by the use of topical applications, and her mind recovered cheerfulness in part. In June, 1883, she was again delivered, made a good recovery, and has since remained quite well.

A clinical study of these twelve cases leads me to believe that cervical laceration is not an infrequent cause of puerperal insanity, and that until its etiological influence is known and settled the subject is well worthy the consideration of medical men.

The appointment of a specialist as consulting surgeon to each of our asylums would aid very much in the solution of this question, and if the views advanced in this paper be proved to be well founded and correct, it would be the means of restoring some to health and to their families who might otherwise spend their days in an asylum.







